Carrier's Monthly Report: Pipeline, Barge, Marine Vessel This form is issued under authority of P.A. 403 of 2000, as amended.

↑1. Company Name and Mailing Address	2. Account Number (FEIN or TR)	2A. License Number	3. Report Period (MM/CCYY)	
	Contact Person Name			
	5 Telephone Number		6 Fax Number	

7. E-mail Address

_						
			Net Gallons - Report	Whole Gallons Only		
This report must be filed by all carriers for shipments into, out of and within the State of Michigan. See page 2 for instructions.	Column 1 Gasoline	Column 2 Aviation Gasoline	Column 3 Jet Fuel	Column 4 Undyed Diesel Fuel	Column 5 Dyed Diesel Fuel	Column 6 Other Products
8. Total gallons of petroleum product transported from Michigan to another state. Enter total from attached Schedule(s) 14A.						
9. Total gallons of petroleum product transported from out-of-state terminals and refineries into Michigan. Enter total from attached Schedule(s) 14B.						
10. Total gallons of petroleum product transported from Michigan terminals and refineries to locations elsewhere in Michigan. Enter total from attached Schedule(s) 14C.						
11. Total gallons of petroleum product transported. Add lines 8 through 10.						

I declare, under penalty of perjury, that the information in this report and attachments is true and complete to the best of my knowledge.

▶ ☐ I authorize Treasury to discuss my return and attachr	ments with my preparer.	☐ Do not discuss my return with my preparer.	
▶ Authorized Signature		Signature of Preparer	Preparer FEIN
Printed Name	Date	Printed Name	Date
Title	Telephone Number	Address	Telephone Number

MAIL REPORT TO: Michigan Department of Treasury, Customer Contact Division - Special Taxes, Lansing, Michigan 48922

3715, Page 2 200-CCR

Instructions for Completing Form 3715 Carrier's Monthly Report: Pipeline, Barge, Marine Vessel

This report must be filed by the 20th day of the month following the end of the report period by persons who transport product by pipeline, barge and/or marine vessel. A "Carrier" is an operator of pipeline, barge and/or marine vessel engaged in the business of transporting motor fuel above the terminal rack.

LINE-BY-LINE INSTRUCTIONS. (Lines not listed below are explained on the form.)

Line 1: Indicate changes to the company name and address by crossing out incorrect information and entering correct information.

Line 2A: Enter Taxpayer's 8-digit license number.

Line 3: Report Period. Enter the report period (example 06/2001 or June 2001).

Lines 4-7. Enter the name, phone number, fax number, and e-mail address of the individual who may be contacted for questions.

Lines 8-11: Complete lines 8-11 for each Product Code listed in Columns 1-5.

COLUMN 6, OTHER PRODUCTS.

When reporting only one "Other Product" not identified in columns 1-5 on page 1, enter the appropriate Product Code (PC) in the column title of Column 6 or enter the combined total of all schedules for "other products."

Product Codes (PC)

Enter the appropriate code on Page 1. The most common product codes are listed below. See Treasury's Web site for additional codes.

Gasoline Products	Diesel Products
065 - Gasoline	160 - Undyed Diesel
124 - Gasohol	228 - Dyed Diesel
241 - Ethanol	142 - Undyed Kerosene
122 - Transmix	072 - Dyed Kerosene
Other	Other

Aviation Products Miscellaneous Products 125 - Aviation Gasoline 054 - LPG 130 - Jet Fuel 243 - Methanol Other ______ Other ______